	PLAN A PLAN B				PLAN C				PLAN D				PLAN E	Rate	
CARRIERS	\$250	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500	\$150	Guarante e
Aetna Life Insurance Company	\$4,217	n/a	n/a	n/a	\$6,255*	n/a	n/a	\$7,437	n/a	\$7,658	\$7,649	n/a	n/a	\$10,130	None
AmeriHealth Insurance Company of New Jersey	\$5,284	\$10,298	\$9,844	\$9,172	n/a	n/a	n/a	\$5,469	\$5,201	\$7,424	\$7,020	\$6,412	n/a	\$12,959	None
Guardian Life Insurance Company of America	\$10,782	\$14,709	\$13,654	\$13,055	n/a	\$17,202	\$15,996	\$15,271	n/a	\$19,314	\$17,897	\$17,093	n/a	\$18,600	None
Horizon Blue Cross Blue Shield of New Jersey	\$3,459	\$4,637	\$4,416	\$3,881	\$2,754	\$5,808	\$5,509	\$4,825	\$3,396	\$8,031	\$7,784	\$7,596	\$7,306	\$8,633	60 days
Nippon Life Insurance Company of America	\$7,332	\$6,086	\$6,063	\$6,016	n/a	\$6,930	\$6,900	\$6,842	n/a	\$7,866	\$7,834	\$7,759	n/a	\$7,390	1 year
Oxford Health Insurance	\$6,249	n/a	n/a	\$4,893	n/a	\$6,707	\$6,431	\$6,249	\$5,745	\$7,214	\$6,790	\$6,618	n/a	\$8,189	1 year
Trustmark Insurance Company	\$8,999	\$9,368	\$8,167	\$7,051	n/a	\$11,301	\$10,422	\$8,687	n/a	\$12,776	\$11,500	\$10,657	n/a	\$14,387	None
United HealthCare Insurance Company, Inc.	\$5,000	n/a	n/a	\$6,212	n/a	n/a	n/a	\$7,263	n/a	n/a	n/a	\$8,323	n/a	\$12,908	1 year
WellChoice Insurance of NJ	\$3,843	\$7,585	\$7,042	\$6,108	n/a	\$10,420	\$10,015	\$9,527	\$8,983	\$9,230	\$8,492	\$7,254	n/a	\$10,333	1 year

Note: Rates shown are monthly premiums for the sample group described on the attached page.

Note:	Plans A-E ma	y be issued as indemnity	v. PPO. d	or POS plans.	POS and PPO pla	ans may have	different copar	vment and coinsurance	options.	Consult the carriers for	r the available or	otions

POS Plan Rates are Cross-Hatched Right

PPO Plan Rates are Cross-Hatched Left

^{*\$2.000} deductible